

**2009 BI-WEEKLY HEALTH PLAN RATES
ADMINISTRATIVE-POLICE-UNION EMPLOYEES
WITH DENTAL CREDITS**

	CARE FIRST BLUE CHOICE HMO	CAREFIRST BLUE CHOICE HMO OPEN ACCESS (NEW PLAN)	KAISER PERMANENTE HMO	KAISER PERMANENTE POINT OF SERVICE (NEW PLAN)	M.D. IPA HMO	M.D. IPA POS
<i>INDIVIDUAL</i>						
<i>Employee Share</i>	\$ 28.71	\$49.13	\$ 25.51	\$33.50	\$154.62	\$193.22
<i>City Cost</i>	\$131.58	\$131.58	\$131.58	\$131.58	\$131.58	\$131.58
<i>Total Cost</i>	\$160.29	\$180.71	\$157.09	\$165.08	\$286.20	\$324.80
<i>2- PERSON</i>						
<i>Employee Share</i>	\$58.16	\$98.98	\$51.75	\$67.74	\$278.85	\$351.80
<i>City Cost</i>	\$262.42	\$262.42	\$262.42	\$262.42	\$262.42	\$262.42
<i>Total Cost</i>	\$320.58	\$361.40	\$314.17	\$330.16	\$541.27	\$614.22
<i>FAMILY</i>						
<i>Employee Share</i>	\$89.12	\$150.33	\$79.48	\$103.47	\$376.15	\$479.62
<i>City Cost</i>	\$391.77	\$391.77	\$391.77	\$391.77	\$391.77	\$391.77
<i>Total Cost</i>	\$480.87	\$542.10	\$471.25	\$495.24	\$767.92	\$871.39